2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000000897

1. Entity Name

ZEBRA TECHNOLOGIES INTERNATIONAL, LLC



Principal Place of Business

6175 NW 153RD ST., STE 121 MIAMI LAKES, FL 33014

Mailing Address

6175 NW 153RD ST., STE 121 MIAMI LAKES, FL 33014

FILED Jun 15, 2005 8:00 am Secretary of State

06-15-2005 90038 036 ****55.00

14018001



05272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0545884 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00-Additional-Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with	and accept
	the obligations of registered agent	

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WHITCHURCH, RANDY
STREET ADDRESS	-333 CORPORATE WOODS PKWY
CITY-ST-ZIP	VERNON HILLS, IL 600613109
TITLE	MGR
NAME	KAPLAN, EDWARD
STREET ADDRESS	333 CORPORATE WOODS PKWY
CITY-ST-ZIP	VERNON HILLS, IL 600613109
TITLE	MGR
NAME	KINDSVATER, JACK
STREET ADDRESS	333 CORPORATE WOODS PKWY
CITY-SI-ZIP	VERNON HILLS, IL 600613109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
THTLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE